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Division of Health Service Regulation

ווטופועום	n nealth Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL060785	B. WING		10/1	5/2024
				ATE TIP 0005	1	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
MIRACLE	HOUSE 1		ES COURT			
			TTE, NC 28226			T
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 000	INITIAL COMMENTS		V 000			
V 000	INITIAL COMMENTS		V 000			
	An annual and compl	aint survey was completed				
		The complaints were				
	unsubstantiated (inta	•				
	-					
	#NC00221733 and #NC00221736). A deficiency was cited.					
	was cited.					
	This facility is license	d for the following service				
	category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or					
	Adolescents.	TO TOT OTHIGIETT OF				
	Addicacenta.					
	This facility is license	d for 6 and has a current				
	census of 4. The survey sample consisted of			27G.0303		
		ents and 1 former client.				
				Correction		40/04/04
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736	Executive Director met with the House	Manager	10/21/24
V 100	270 .0000(0) 1 dollity	and Grounds Waintenance	1.00	and the Contractor Maintenance Man a	0	
	10A NCAC 27G .030	3 LOCATION AND		reviewed the Weekly Operational Maint		
	EXTERIOR REQUIR			Report. House Manager will complete t		
	(c) Each facility and in			weekly or as needed operational mainte		
		clean, attractive and orderly		report and email the report to the Execu		
		kept free from offensive		Director and the Maintenance Man to ir		
	odor.			them what needs to be repaired or replacement		
				Executive Director will give the mainten		
	This Rule is not met	as evidenced by:		man the approval to complete all repair	s in a	
		nd observation the facility		timely manner.		
		n a clean, safe, attractive				
	and orderly manner.			House Manager will complete the Weel	kly	
		Ç		Operational Maintenance Report and se		
	Observation on 9-24-	24 of the facility at		Executive director ad Maintenance mar		
	approximately 3:32 p			maintenance man will complete the rep		
	-Front of the facility h			timely manner no later than a week.		
		g with 6 wooden beams.				
		e cracked and splitting from		Monitoring		
	rotten wood.	-		Executive Dirctor will monitoring the fac		
	-The main front beam	was rotted and cracked.		weekly to ensure all repairs are comple	ted.	
	-The downspout on the	ne front facing left corner of				12/15/2024
		and the bottom of the spout		All exterior and interior repairs will be		
	that directed water av	vay from the foundation was		completed by 12/15/2024~		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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DIVISION	n nealth Service Negu	ialion				
`		(X1) PROVIDER/SUPPLIER/CLIA	LIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE S	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL060785		B. WING		10/1	15/2024	
		WII IE000703			1 10/1	5/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
MIRACLE	HOUSE 4	1418 JULE	S COURT			
WIIKACLE	HOUSE I	CHARLOT	TE, NC 28226			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE	
				52.10.2.10.7		
V 736	Continued From page	: 1	V 736			
	broken off.	4- 4b bin f				
		ose to the chimney frame, a				
		(approximately 3-4 feet long)				
	was detached and hu					
		lly covered the basement				
	vent.					
	-The gutters on the front left side of the facility					
	had debris, leaves and seedlings in them.  -A hole approximately 2 x 4 inches in the wood siding on the wall between the sliding doors, in the back deck area.  -The downspout attached to the adjacent wall					
	(from the corner over deck) was disconnected at					
	the upper seam.					
	-In the kitchen between the stove and the dish washer was an approximately 4 to 6 inch missing					
	piece of title.	provimatoly 2 v 2 inches in				
	<ul> <li>-There was a hole approximately 2 x 2 inches in the hallway closet door.</li> <li>-The upstairs bathroom ceiling contained scattered clusters of pinpoint sized dark</li> </ul>					
	brownish/black spots.	•				
	•	2 inches was in the left side				
	wall facing the vanity					
	cabinet.	borroath the medicine				
	-The bathtub containe	ed a black substance				
		in the seam between the				
	tub and tile and arour					
		ound the faucet was rusted.				
		er had 5 broken slates.				
		set) in the stairway leading				
	`	the second floor was loose.				
		onnected the railing to the				
		caused the railing to be				
	loose.	caacca the family to be				
	10000.					
	-The dresser in client	#3's bedroom was missing				
	the ton drawer	"o o bodroom was missing				

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-Client#3's bedroom door had 3 pieces of blue

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				) DATE SURVEY COMPLETED	
MHL060785			B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
MIRACLE HOUSE 1 1418 JULES COURT CHARLOTTE, NC 28226							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 736	tape holding the botto togetherA white 3 ring binder beneath the door to h	was placed on the floor old it open. oproximately 2 x 5 inches in et near the doorway.	V 736				

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